

## REQUEST FOR AIR TRANSPORTATION

North Dakota Department of Transportation, Maintenance & Engineering Services

SFN 9705 (Rev. 01-2006)

Aircraft: Cheyenne - 5 Passenger/6 Passenger with limitations

Aircraft: King Air - 7 Passenger

Aircraft: Skymaster - 3 Passenger

|                   |                   |      |  |
|-------------------|-------------------|------|--|
| Requesting Agency |                   | Date | Destination (Explain if en route stops or deviations from direct course are intended.) |
| Date of Departure | Time of Departure |      |  |

**Person to be contacted if delay or cancellation of this trip should become necessary.**

|                        |                     |                   |
|------------------------|---------------------|-------------------|
| Name of Contact Person | Office Phone Number | Home Phone Number |
|------------------------|---------------------|-------------------|

### Passenger and Emergency Contact Information

| Name of Passenger       | Agency                                   | Phone Number<br>Work/Home | Emergency<br>Contact Name   | Relationship to<br>Passenger | Address<br>Work/Home |
|-------------------------|--|---------------------------|---|------------------------------|----------------------|
| 1.                      |  |                           |   |                              |                      |
| 2.                      |  |                           |   |                              |                      |
| 3.                      |  |                           |   |                              |                      |
| 4.                      |  |                           |   |                              |                      |
| 5.                      |  |                           |   |                              |                      |
| 6.                      |  |                           |   |                              |                      |
| 7.                      |  |                           |   |                              |                      |
| Date of Intended Return | Intended Departure Time from Destination |                           | Has flight travel authorization been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                      |
| Purpose of Trip         |  |                           |   |                              |                      |

### Authorization:

State Agency/Division Requesting Aircraft:

Approved:

\_\_\_\_\_  
Signature of Agency/Division Director

\_\_\_\_\_  
Director